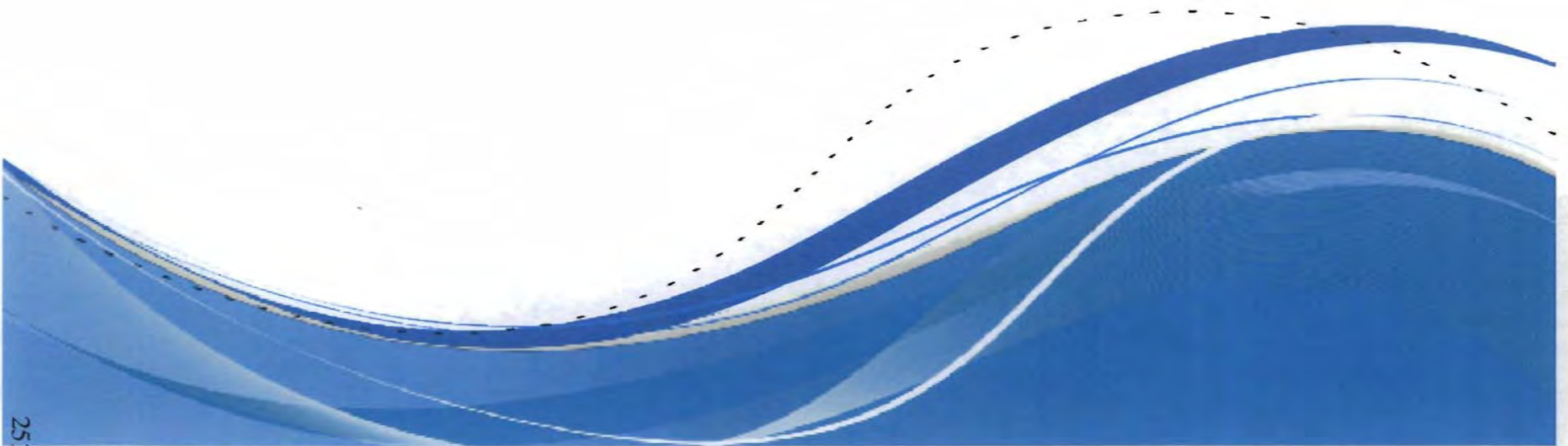
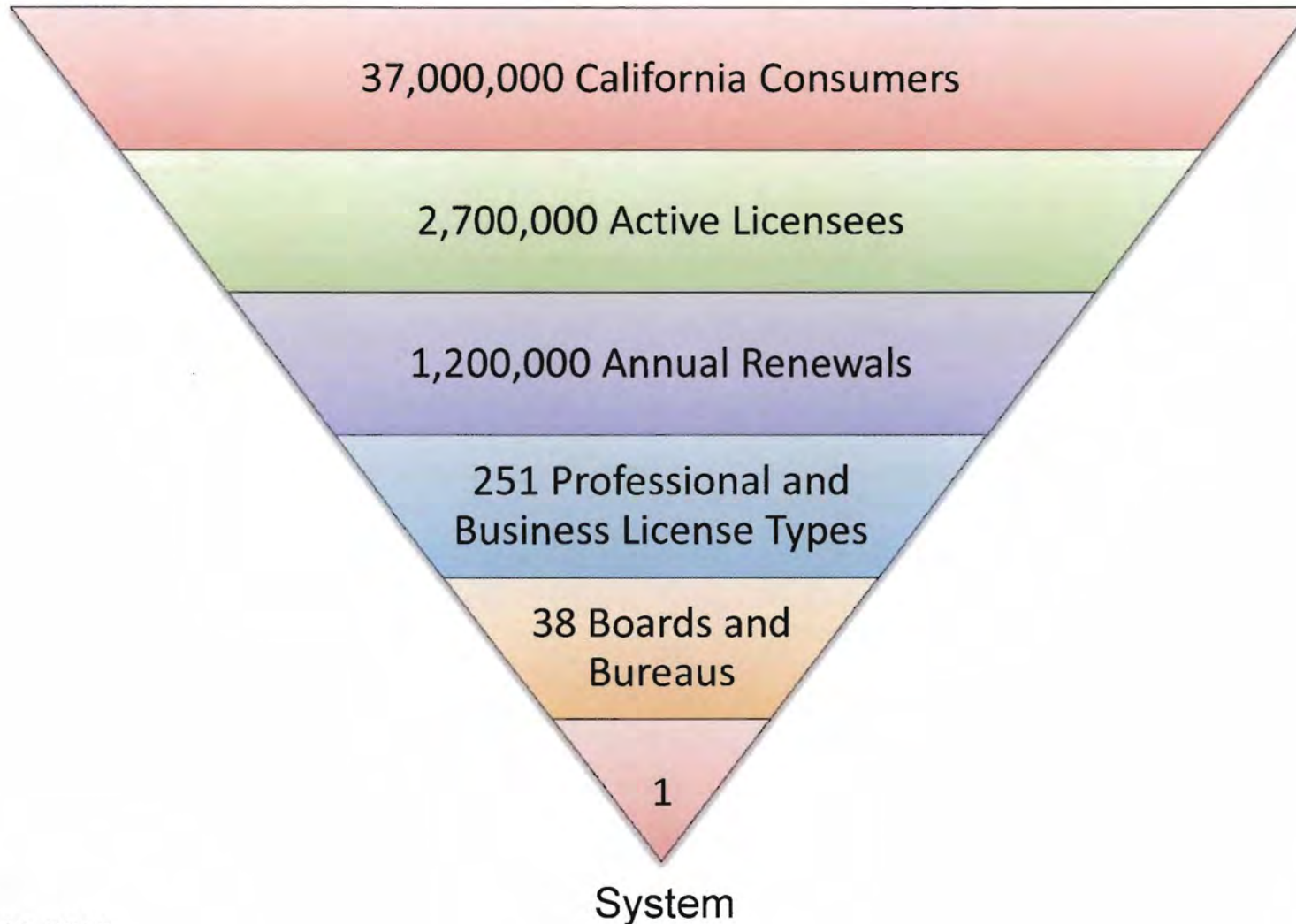




## Project Presentation



# Project Landscape



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# Background

- Integrated Licensing & Enforcement solution
- Completely replaces legacy licensing and enforcement systems (3 legacy & 90 workaround databases)
- Consolidates separate project efforts





## Enforcement Improvements

- Automated complaint intake process
- Prioritization of enforcement cases
- Efficient allocation of enforcement resources
- System prompts staff to ensure timely case follow-up
- Improves case management to reduce lag time and case aging
- Allows complainants to submit a complaint and track its status online
- Notifies appropriate Boards when enforcement actions involve individuals with multiple licenses



# Licensing Improvements

- Allows online application – ensuring applications are complete
- Offers third party payment
- Ensures completion of the Board survey online at time of renewal
- Allows applicants to track application status online
- Provides “other” online services for licensees
- Prompts staff to ensure timely follow-up

# Significant Activities

## Completed

- Contract executed - September 22, 2011
- First Legacy System data extract
- Requirements Refinement
- Hardware Procurement and Installation
- Initial Configuration Interviews
- Conference Room Pilots
- Standardization Efforts



# Significant Activities

## *In Progress*

- Vendor System Testing
- On-going Configuration Refinement
- User Acceptance Test preparation
- Data Conversion Validation & on-going clean-up

# Milestone Status



Key Action (Activity)	SPR	Baseline	Current
<b>Solution Vendor Start</b>	<b>September 2011</b>	<b>October 2011</b>	<b>October 2011</b>
First Mock Data Conversion Run Milestone	NA	March 2012	May 2012
Detailed Design Complete	March 2012	May 2012	June 2012
Release 1 User Acceptance Test Complete	July 2012	August 2012	September 2012
Converted Data Accepted for Production Use	NA	July 2012	September 2012
Release 1 Go-Live	July 2012	September 2012	October 2012
Release 2 Go-Live	March 2013	TBD	April 2013
Release 3 Go-Live	September 2013	TBD	September 2013
<b>Full System Acceptance</b>	<b>October 2013</b>	<b>October 2013</b>	<b>October 2013</b>

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# User Home Page



Logged in as Eichelkraut, Sean

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### Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

#### Applications

☐ Start a New Application or Take an Exam

<Choose Board>

<Choose Application>

#### Additional Activities

☐ Add Authorized Representative

☐ File a Complaint


#### License Information

No License Information Available



Footer [Contact Board](#)

# Introduction Page



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Introduction	<b>PTAL Initial Application - Introduction</b>
Transaction Suitability Questions	Press "Next" to continue. Press "Cancel" to cancel this application and return to the main menu.
Name and Personal/Organization Details	Please be advised, this application requires detailed information to be provided. To help with the completion of the application, please review the following documents to gather the necessary information:
Contact Details	<ul style="list-style-type: none"><li>• PTAL Application Information</li><li>• PTAL Checklist</li><li>• PTAL Application</li></ul>
Physician Survey	
Online L1A Personal Information	
Online L1A Examination Information	A Postgraduate Training Authorization Letter (PTAL) authorizes an applicant to seek and commence Accreditation Council for Graduate Medical Education (ACGME) accredited training in California.
L1A Examination Information	As an applicant, <b>you are personally responsible for all information disclosed</b> , including any responses that may have been completed on your behalf by others. An application may be denied based upon falsification or misrepresentation of any item or response on the application or any attachment. Any alterations to any application and/or supporting application forms may result in the denial of your application. The Medical Board considers violations of an ethical nature to be a serious breach of professional conduct.
Online L1B Medical Education	
Online L1B Postgraduate Training	
PG Training Info	
Online L1C Postgraduate Training	For minimum requirements, information, instructions, and forms, please see the PTAL application packet located at
Online L1C Medical License Information	<a href="http://www.mbc.ca.gov/applicant/application_international.pdf">http://www.mbc.ca.gov/applicant/application_international.pdf</a> .
Online L1C ABMS Certification	
Online L1D DEA Certification	

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# Eligibility Questions



Logged in as *Eichelkraut, Sean* [Update Profile](#) | [Logoff](#) | [Need Help](#) | [Contact Us](#)

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- Online L1C Postgraduate Training
- Online L1C Medical License Information
- Online L1C ABMS Certification
- Online L1D DEA Certification Part 1
- Online L1D DEA Certification Part 2

## PTAL Initial Application - Eligibility Questions

Answer the questions and press "Next".  
Press "Previous" to return to the previous section.  
Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
#1) Did you receive all of your medical school education and graduate from a medical school(s) recognized by the Medical Board of California?	<input type="radio"/> Yes <input checked="" type="radio"/> No
#3) Have you completed all components of USMLE Steps 1 and 2 with results of 75 or better?	<input type="radio"/> Yes <input checked="" type="radio"/> No
#2) Are you currently certified by ECFMG?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Question #1**  
To be eligible for a Postgraduate Training Authorization Letter (PTAL), applicants must have received all of their medical school education and graduate from a medical school recognized by the Medical Board of California. The medical school's name must match the name on the Board's list of recognized medical schools exactly. Please refer to the Board's website to verify your medical school is recognized:  
[http://www.mbc.ca.gov/applicant/schools\\_recognized.html](http://www.mbc.ca.gov/applicant/schools_recognized.html)


**Question #2**  
To meet the examination requirement for a PTAL, you must have completed all components of United States Medical Licensing Examination (USMLE) Steps 1 and 2 per Section 1328 of Title 16 California Code of Regulations. Results of 75 or better are required to satisfy the examination requirement.

**Question #3**  
Certification by the Educational Council for Foreign Medical Graduates (ECFMG) is required. To obtain further information regarding ECFMG Certification, please refer to their website at [www.ecfm.org](http://www.ecfm.org).

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# Eligibility Questions



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Online L1C ABMS Certification

Online L1D DEA Certification Part 1

Online L1D DEA Certification Part 2

Online L1D DEA Certification

## PTAL Initial Application - Eligibility Questions

**Error**

- This function is not suitable for your situation. Press "Cancel" and select a different function.

Answer the questions and press "Next".  
Press "Previous" to return to the previous section.  
Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
#1) Did you receive all of your medical school education and graduate from a medical school(s) recognized by the Medical Board of California?	<input type="radio"/> Yes <input checked="" type="radio"/> No
#3) Have you completed all components of USMLE Steps 1 and 2 with results of 75 or better?	<input type="radio"/> Yes <input checked="" type="radio"/> No
#2) Are you currently certified by ECFMG?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Question #1**  
To be eligible for a Postgraduate Training Authorization Letter (PTAL), applicants must have received all of their medical school education and graduate from a medical school recognized by the Medical Board of California. The medical school's name must match the name on the Board's list of recognized medical schools exactly. Please refer to the Board's website to verify your medical school is recognized:  
[http://www.mbc.ca.gov/applicant/schools\\_recognized.html](http://www.mbc.ca.gov/applicant/schools_recognized.html)

**Question #2**  
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**Question #3**  
Certification by the Educational Council for Foreign Medical Graduates (ECFMG) is required. To obtain further information regarding ECFMG Certification, please refer to their website at [www.ecfm.org](http://www.ecfm.org).

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# Physician Survey



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Online L1A Examination Information

L1A Examination Information

Online L1B Medical Education

Online L1B Postgraduate Training

PG Training Info

Online L1C Postgraduate

### PTAL Initial Application - Activities in Medicine

Enter the data and press "Next" to continue.  
Press "Previous" to return to the previous screen.  
Press "Cancel" to cancel this application and return to the main menu.


Hours	None	1-9	10-19	20-29	30-39	40+		Practice Location (U.S. Only)	
Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Patient Care	Zip 95831	County SACRAMENTO
Telemedicine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telemedicine	Zip	County
Administration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Secondary Practice Location (CA Only)		
Research	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient Care	Zip	County
Teaching	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telemedicine	Zip	County
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Are you retired? ☐ Yes ☒ No
 Current Training Status ☐ Residency ☐ Fellow ☒ Not in Training

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# Physician Survey (cont.)



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### PTAL Initial Application - Areas of Practice

Select one primary (P) and all secondary (S) practice areas and press "Next" to continue.

Press "Previous" to return to the previous screen.


Press "Cancel" to cancel this application and return to the main menu.

P	S	P	S	P	S	P	S				
<input checked="" type="radio"/>	<input checked="" type="checkbox"/>	Aerospace Medicine	<input type="radio"/>	<input type="checkbox"/>	Gastroenterology	<input type="radio"/>	<input type="checkbox"/>	Nuclear Medicine	<input type="radio"/>	<input type="checkbox"/>	Public Health and General Preventive Medicine
<input type="radio"/>	<input type="checkbox"/>	Allergy and Immunology	<input type="radio"/>	<input type="checkbox"/>	General Practice	<input type="radio"/>	<input type="checkbox"/>	Obstetrics and Gynecology	<input type="radio"/>	<input type="checkbox"/>	Pulmonary
<input type="radio"/>	<input type="checkbox"/>	Anesthesiology	<input type="radio"/>	<input type="checkbox"/>	General Surgery	<input type="radio"/>	<input type="checkbox"/>	Occupational Medicine	<input type="radio"/>	<input type="checkbox"/>	Radiation Oncology
<input type="radio"/>	<input type="checkbox"/>	Cardiology	<input type="radio"/>	<input type="checkbox"/>	Geriatric Medicine	<input type="radio"/>	<input type="checkbox"/>	Oncology	<input type="radio"/>	<input type="checkbox"/>	Radiologic Physics
<input type="radio"/>	<input type="checkbox"/>	Colon and Rectal Surgery	<input type="radio"/>	<input type="checkbox"/>	Hematology	<input type="radio"/>	<input type="checkbox"/>	Ophthalmology	<input type="radio"/>	<input type="checkbox"/>	Radiology
<input type="radio"/>	<input type="checkbox"/>	Complementary and Alternative Medicine	<input type="radio"/>	<input type="checkbox"/>	Infectious Disease	<input type="radio"/>	<input type="checkbox"/>	Orthopedic Surgery	<input type="radio"/>	<input type="checkbox"/>	Rheumatology
<input type="radio"/>	<input type="checkbox"/>	Cosmetic Surgery	<input type="radio"/>	<input type="checkbox"/>	Internal Medicine	<input type="radio"/>	<input type="checkbox"/>	Otolaryngology	<input type="radio"/>	<input type="checkbox"/>	Sleep Medicine
<input type="radio"/>	<input type="checkbox"/>	Critical Care	<input type="radio"/>	<input type="checkbox"/>	Medical Genetics	<input type="radio"/>	<input type="checkbox"/>	Pain Medicine	<input type="radio"/>	<input type="checkbox"/>	Spine Surgery
<input type="radio"/>	<input type="checkbox"/>	Dermatology	<input type="radio"/>	<input type="checkbox"/>	Neonatal-Perinatal Medicine	<input type="radio"/>	<input type="checkbox"/>	Pathology	<input type="radio"/>	<input type="checkbox"/>	Sports Medicine
<input type="radio"/>	<input type="checkbox"/>	Emergency Medicine	<input type="radio"/>	<input type="checkbox"/>	Nephrology	<input type="radio"/>	<input type="checkbox"/>	Pediatrics	<input type="radio"/>	<input type="checkbox"/>	Surgical Oncology
<input type="radio"/>	<input type="checkbox"/>	Endocrinology	<input type="radio"/>	<input type="checkbox"/>	Neurodevelopmental Disabilities	<input type="radio"/>	<input type="checkbox"/>	Physical Medicine and Rehabilitation	<input type="radio"/>	<input type="checkbox"/>	Thoracic Surgery
<input type="radio"/>	<input type="checkbox"/>	Epilepsy	<input type="radio"/>	<input type="checkbox"/>	Neurological Surgery	<input type="radio"/>	<input type="checkbox"/>	Plastic Surgery	<input type="radio"/>	<input type="checkbox"/>	Urology
<input type="radio"/>	<input type="checkbox"/>	Facial, Plastic and Reconstructive Surgery	<input type="radio"/>	<input type="checkbox"/>	Neurology	<input type="radio"/>	<input type="checkbox"/>	Psychiatry	<input type="radio"/>	<input type="checkbox"/>	Vascular Surgery
<input type="radio"/>	<input type="checkbox"/>	Family Medicine	<input type="radio"/>	<input type="checkbox"/>	Neurology with Special Qualification in Child Neurology	<input type="radio"/>	<input type="checkbox"/>	Psychosomatic Medicine	<input type="radio"/>	<input type="checkbox"/>	Other <input type="checkbox"/> Not Listed

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# Physician Survey (cont.)



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- Online L1C Medical License Information
- Online L1C ABMS Certification
- Online L1D DEA Certification Part 1
- Online L1D DEA Certification Part 2
- Online L1D DEA Certification

## PTAL Initial Application - Foreign Language Proficiency and Web Site Profile

Enter the data and press "Next" to continue.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

### WEB SITE PROFILE

Do you want the following information included in your physician profile on the Medical Boards's Web site?

Cultural Background ☐ Yes ☒ No
 Foreign Language Proficiency ☐ Yes ☒ No
 Gender ☐ Yes ☒ No

Email Address:  WILL NOT BE RELEASED TO THE PUBLIC

### FOREIGN LANGUAGE PROFICIENCY

In addition to English, indicate additional languages in which you are proficient.

<input type="checkbox"/> African Languages	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Russian	<input type="checkbox"/> Xiang Chinese
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Croatian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scandinavian Languages	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Fijian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian	<input type="checkbox"/> Other Chinese
<input type="checkbox"/> Formosan (Amis)	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other Non-English
<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other Sign Language
<input type="checkbox"/> French Creole	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (not listed)
<input type="checkbox"/> German	<input type="checkbox"/> Mien	<input type="checkbox"/> Telugu	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Greek	<input type="checkbox"/> Mon-Khmer (Cambodian)	<input type="checkbox"/> Thai	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tonga	

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# L1A Examination Information Questions

The screenshot shows a web application interface for the dca BREZIE system. The top navigation bar includes the logo, a login status 'Logged in as Eichelkraut, Sean', and links for 'Update Profile', 'Logoff', 'Need Help', and 'Contact Us'. A left sidebar contains a list of navigation links: Introduction, Transaction Suitability Questions, Name and Personal/Organization Details, Contact Details, Physician Survey, Online L1A Personal Information, Online L1A Examination Information (highlighted), L1A Examination Information, Online L1B Medical Education, Online L1B Postgraduate Training, PG Training Info, and Online L1C Postgraduate Training. The main content area is titled 'PTAL Initial Application - L1A Examination Information - Information'. It contains instructions: 'Press "Previous" to return to the previous section.', 'Enter appropriate details and press "Next" to continue.', and 'Press "Cancel" to cancel this application and return to the main menu.' Below these are three questions with radio button options for 'Yes' and 'No': 1. 'Have you ever been found to have engaged in irregular behavior during an examination?' with 'No' selected. 2. 'Have you ever been subject to an investigation by an examination entity?' with 'No' selected. 3. 'Are you certified by the Educational Commission for Foreign Medical Graduates?' with 'No' selected. A follow-up instruction states: 'If you indicated you are certified by the Educational Commission for Foreign Medical Graduates above, provide the date your certificate was issued below.' This is followed by a text input field for 'Certificate Issue Date:' with a placeholder '(mm/dd/yyyy)'. At the bottom right are three buttons: 'Previous', 'Next', and 'Cancel'.

**dca BREZIE**

Logged in as Eichelkraut, Sean [Update Profile](#) | [Logoff](#) | [Need Help](#) | [Contact Us](#)

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**L1A Examination Information**

**Online L1B Medical Education**

**Online L1B Postgraduate Training**

**PG Training Info**

**Online L1C Postgraduate Training**

**PTAL Initial Application - L1A Examination Information - Information**

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Have you ever been found to have engaged in irregular behavior during an examination? ☐ Yes ☒ No

Have you ever been subject to an investigation by an examination entity? ☐ Yes ☒ No

Are you certified by the Educational Commission for Foreign Medical Graduates? ☐ Yes ☒ No

If you indicated you are certified by the Educational Commission for Foreign Medical Graduates above, provide the date your certificate was issued below.

Certificate Issue Date:  (mm/dd/yyyy)

[Previous](#) [Next](#) [Cancel](#)



# View Application Status

The screenshot displays the DCA Breeze web application interface. At the top left is the DCA Breeze logo. A navigation bar indicates the user is logged in as 'Eichelkraut, Sean' and provides links for 'Update Profile', 'Logoff', 'Need Help', and 'Contact Us'. The main content area is divided into several sections. On the right, a 'License Information' box states 'No License Information Available'. The 'Quick Start Menu' section contains instructions: 'To start choose an option and you will return to this Quick Start menu after you have finished.' Below this, the 'Applications' section has two main options: 'Start a New Application or Take an Exam' and 'View Application Status'. The first option includes dropdown menus for 'Choose Board' and 'Choose Application', followed by a 'Select' button. The 'View Application Status' option shows a table with one entry: 'Medical Board of California - PTAL Initial Application' with a status of 'Open' and a 'Details' button. To the right of the 'Applications' section is the 'Additional Activities' section, which includes 'Add Authorized Representative' and 'File a Complaint', each with a 'Select' button. At the bottom, there is a W3C XHTML 1.0 logo and a footer link to 'Contact Board'.

**DCA Breeze**

Logged in as *Eichelkraut, Sean* [Update Profile](#) | [Logoff](#) | [Need Help](#) | [Contact Us](#)

**Quick Start Menu**

To start choose an option and you will return to this Quick Start menu after you have finished.

**License Information**  
No License Information Available

**Applications**

- ☐ **Start a New Application or Take an Exam**  
<Choose Board>   
<Choose Application>
- ☐ **View Application Status**

Medical Board of California - PTAL Initial Application	Status: Open	<input type="button" value="Details"/>
--	--------------	--

**Additional Activities**

- ☐ **Add Authorized Representative**
- ☐ **File a Complaint**

W3C XHTML 1.0



# View Application Status Details

The screenshot shows the 'OCA Breeze' web application interface. At the top, there is a header with the 'OCA Breeze' logo and navigation links: 'Update Profile', 'Logoff', 'Need Help', and 'Contact Us'. Below the header, a 'Quick Start Menu' section contains instructions: 'To start choose an option and you will return to this Quick Start menu after you have finished.' To the right of this menu is a 'License Information' box stating 'No License Information Available'. On the left side, there is a sidebar with 'Applications' and options like 'Start a New Application', '<Choose Board>', '<Choose Application>', and 'View Application Status'. The main content area displays a modal window for 'View Application Status' for a 'PTAL Initial Application' submitted on '06/27/2012'. The application status is 'Open'. The 'Deficiencies' section lists seven items: 1. The birthdate is required for calculation of the license expiry date but has not been provided. 2. Insufficient money received. 3. Missing Fingerprint Response. 4. FBI Fingerprint Not Clear Status. 5. DOJ Fingerprint Not Clear Status. 6. This transaction deals with application / license modifiers and none has been specified. 7. SSN or FEIN is missing. The 'Notes' section is empty. A 'Done' button is located at the bottom right of the modal window.

Submission Date	06/27/2012
Application Name	PTAL Initial Application
Status	Open
Deficiencies	<ol style="list-style-type: none"><li>1. The birthdate is required for calculation of the license expiry date but has not been provided.</li><li>2. Insufficient money received</li><li>3. Missing Fingerprint Response</li><li>4. FBI Fingerprint Not Clear Status</li><li>5. DOJ Fingerprint Not Clear Status</li><li>6. This transaction deals with application / license modifiers and none has been specified.</li><li>7. SSN or FEIN is missing</li></ol>
Notes	

Done



[Logon](#)

### File a Complaint - Complaint Details

Enter complaint information and press "Next" to continue.

Press "Cancel" to cancel this complaint and return to the main menu.

- Board:
- License Type:
- Incident Date:  (mm/dd/yyyy)
- Complaint Description:

Description of complaint goes here.

Next

Cancel



Footer [Contact Board](#)



Firefox

File a Complaint - Respondent Details

(all2) License Home

Share Browser WebEx

**U.GOV CONSUMER AFFAIRS**

Logon

**File a Complaint - Respondent Details**

The respondent is the individual or organization who you are filing a complaint against.

If known, enter the respondent's license number and press "Lookup" to quickly retrieve their name and contact details. You may add or change any of these details.

If the respondent is not licensed or the license number is not known, enter the respondent's name and contact details.

Press "Previous" to return to previous screen.

Press "Next" to continue.

Press "Cancel" to cancel this complaint and return to the main menu.

License Type

Physician and Surgeon

License Number:

10351204008

Lookup

First Name:

SCOTT

Second Name:

Last Name:

ADES

Gender:

Street Number:

1121

City:

SACRAMENTO

Street Name:

15th Street

State:

California

Address Line 1:

Zip code:

95814

Address Line 2:

Country:

United States

Phone Number:

201 410 4588

County:

SACRAMENTO

E-mail:

Phone Extension:

Previous

Next

Cancel

2:51 PM

08/11/2011



Firefox

File a Complaint - Confirmation

(all2) License Home

Share Browser WebEx

## File a Complaint - Confirmation

Press "Previous" to return to the previous screen.

Press "Submit" to Submit the complaint.

Press "Cancel" to return to the Public Services Main Menu.

### Complaint Detail

License Type	Physician and Surgeon
Incident Date:	09/25/2011
Expected Resolution:	
Documents:	
Submitted to Other Agencies:	
Agencies Info:	
Description:	Description of complaint goes here

### Respondent Detail

License Type	Physician and Surgeon
License Number:	10351204008
Name:	ADES, SCOTT
Address:	1121 SACRAMENTO, CA SACRAMENTO US 95814
Phone:	201 410 4588

### Complainant Detail

Anonymous.

PreviousSubmitCancel


Jul 29 2012

2:53 PM  
08/11/2011

## Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

## What can we help you with today?

 Authorized License

### License Information

No License Information Available

### Applications

#### ■ Start a New Application or Take an Exam

Board of Barbering and Cosmetology - Initial Application [Select](#)

Board of Barbering and Cosmetology - Initial Application -  
Apprentice [Select](#)

Board of Barbering and Cosmetology - Initial by  
Reciprocity [Select](#)

Board of Barbering and Cosmetology - Pre-Application  
and Exam Request [Select](#)

■ View Status of your Applications (1) [Select](#)

### Additional Activities

■ Make Payment [Select](#)

■ Add Authorized Representative [Select](#)

■ Enforcement Voting [Select](#)



# CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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## Voting Summary Screen

Text 1

Case #	Respondent	Vote Date	Vote Result	Vote Notes	Actions	
20120001	HAGMAN, NICKLAS	02/02/2012	Accepted	Note Contents	Edit	Attach
20120003	THOMAS, KERRY	01/02/2012	Rejected	Notes Notes Notes	Edit	Attach
					Edit	Attach

Text 2

[Return](#)





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## Voting Screen

Text 1

Vote Result

Notes

Text 2

Save

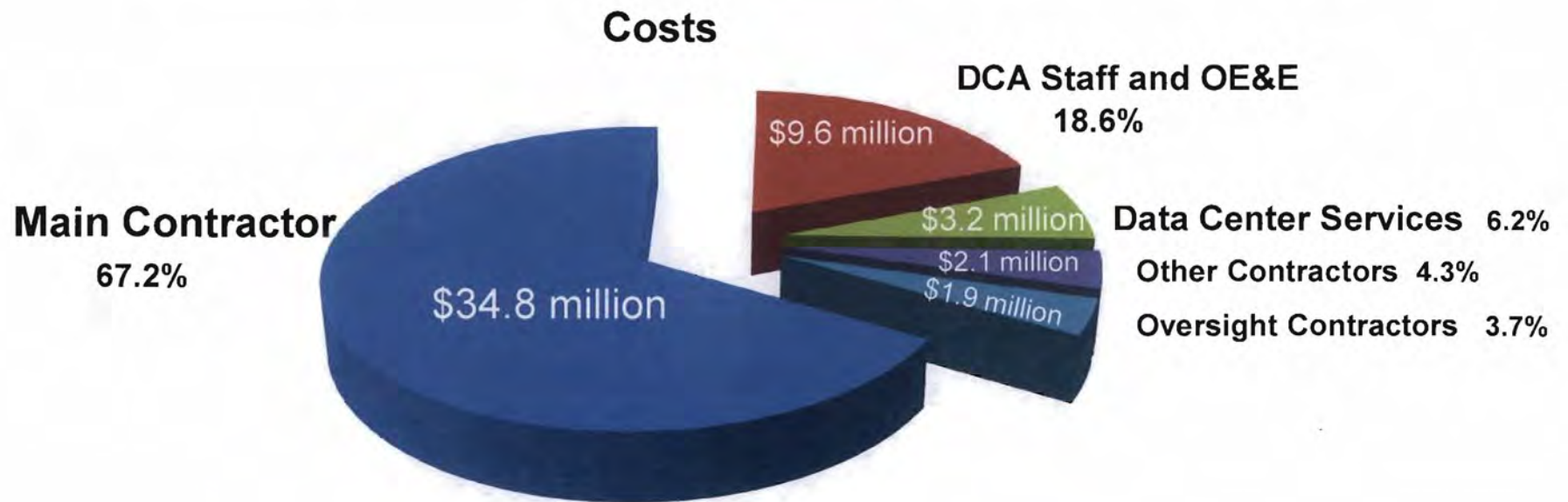
Cancel

July 20, 2012

24

## All project costs paid by DCA Special Funds

BREEZE COST	COSTS
Total One-Time	\$ 51.6 million





# Avoiding Risk

BreEZe Deployed



Then 5-year payment  
begins

***Performance-based Payment Model***



# Collaborative Project

- Reports Workgroup – Review of Standard Reports
- Forms Workgroup – Correspondence Unit Analysis of Letters
- Data Conversion Workgroup
- Standardization
  - License Status Codes
  - Enforcement Codes



July 20, 2012



# Board Involvement

- License Configuration interviews to review processes
- Enforcement Configuration Interviews
- Workflow and Security Interviews
- Online System Configuration Interviews
- Conference Room Pilots
- Data Verification
- Acceptance Testing



## Organizational Change Management

- Provide a OCM Coach for the Board to discuss concerns/issues and to provide assistance where needed
- Town Halls were provided to Board staff to discuss BreEZe impacts
- Conduct OCM presentations for managers/supervisors, if requested
- Prepare BreEZe marketing materials – posters/brochures
- Work with the Board to develop outreach strategy to all users – licensees, applicants, schools, etc.





# Implementation Release 1

## **Roll Out Date – Fall 2012**

- Board of Registered Nursing
- Board of Barbering & Cosmetology
- Medical Board of California
- Board of Behavioral Sciences
- Board of Psychology
- Physician Assistant Committee
- Osteopathic Medical Board of California
- Board of Podiatric Medicine
- Respiratory Care Board
- Naturopathic Medicine Board



# Subsequent Release

## **Roll Out Date: Spring – Fall 2013**

- Proposed Interface with the Department of Justice, Attorney General's Office (ProLaw)





# QUESTIONS?